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		Application Number	08/765,324	RECEIVED
		Application Number		
TRANSM	IIIAL	Filing Date	December 24, 1996	MAR 2 0 2002
FOR	M	First Named Inventor	Eugen Koren	FECH CENTER 1600/2900
(to be used for all corresponde	nce after initial filing)	Group Art Unit	1645	EUR OL (12)
		Examiner Name	P. A. Duffy	
Total Number of Pages in Thi	s Submission	Attorney Docket Number	OMRF 143 CIP(2))
· · · · · · · · · · · · · · · · · · ·	ENCLO	SURES (check all that app	ly)	
X Fee Transmittal Form Fee Attached		ment Papers Application) g(s)	After Allowance Comr to Group Appeal Communication of Appeals and Interference	on to Board
X Amendment / Response	Petition	ng-related Papers	Appeal Communication (Appeal Notice, Brief, Reply in	on to Group Brief)
Affidavits/declarati	on(s) Petition	companying Petition n to Convert to a conal Application	Proprietary Information Status Letter	on
Extension of Time Reque	st Change Addres		X Additional Enclosurer (please identify below Return receipt pos	v):
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Response to Missing Par Incomplete Application	ts/			
Response to Miss Parts under 37 CF 1.52 or 1.53				
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or	& Knight LLP	,		
Signature				
Date March	5, 2002	1		
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Date

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Date

PTO/SB/17 (08-00)

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TOTAL AMOUNT OF PAYMENT

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С	mpl t if Known		1
Application Number	08/765,324 December 24, 1996	DECE	NED
Filing Date	December 24, 1996	HEUL]
First Named Inventor	Eugen Koren	MAR 2) SOOS
Examiner Name	P. A. Duffy	iath	0000000
Group Art Unit	1645	TECH CENTE	B 160015200
Attorney Docket No.	OMRF 143 CIP(2)	TEOHOLIN	,
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METHOD OF PAYMENT, (check-one)		<u> </u>		FEE CALCULA	(Continued)	
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES Large Entity Small Entity				
Deposit Account 50-1868	Fee Code	Fee F (\$) C	ee Foode (\$		Description	Fee Paid
Number	105 1	30, 20	5 65	Surcharge - late	filing fee or oath	
Deposit Account Name Holland & Knight LLP	127	50 2	27 25	Surcharge - late cover sheet	provisional filing fee or	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	139 1	30 13	39 130	Non-English spe	cification	
Applicant claims small entity status.	147 2,5	520 14	7 2,52	6 For filing a reque	est for ex parte reexamination	
See 37 CFR 1.27	112 9	20* 1	12 92	7* Requesting public Examiner action	ication of SIR prior to	
2. Payment Enclosed: Check Credit card Money Other		840* 1	13 1,84	40* Requesting publ Examiner action	ication of SIR after	
FEE CALCULATION	115 1	10 21	5 55	Extension for rep	oly within first month	
	116 3	390 21	6 195	Extension for rep	oly within second month	
1. BASIC FILING FEE Large Entity Small Entity	117 8	90 21	7 445	Extension for rep	oly within third month	
Fee Fee Fee Fee Description	118 1,3	390 21	18 695	Extension for rep	bly within fourth month	
Code (\$) Code (\$) Fee Paid	128 1,8	890 22	8 945	Extension for rep	ply within fifth month	
101 710 201 355 Utility filing fee	119 3	310 21	9 155	Notice of Appeal		
106 320 206 160 Design filing fee	120 3	310 22	0 155	Filing a brief in s	upport of an appeal	
107 490 207 245 Plant filing fee	121 2	270 22	21 135	Request for oral	hearing	
108 710 208 355 Reissue filing fee	138 1,5	510 13	38 1,51	O Petition to institu	te a public use proceeding	
114 150 214 75 Provisional filing fee	140 1	10 24	10 55	Petition to revive	- unavoidable	
SUBTOTAL (1) (\$)	141 1.2	240 24	1 620	Petition to revive	- unintentional	
2. EXTRA CLAIM FEES		240 24		Utility issue fee (or reissue)	
Fee from	143 4	440 24	3 220	Design issue fee	ı	
Total Claims 9 -20 = 0 X 0 = 0		600 24	4 300	Plant issue fee		
Independent / -3 = 0 x 0 = 0	122 1	30 12	2 130	Petitions to the 0	Commissioner	
Multiple Dependent =	123	50 12	23 50	Petitions related	to provisional applications	
	126 2	40 12	6 240	Submission of In	formation Disclosure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40 58	31 40	Recording each	patent assignment per number of properties)	
103 18 203 9 Claims in excess of 20	146 7	10 24	6 35	i ming a subimissi	on after final rejection	
102 80 202 40 Independent claims in excess of 3	149 7	10 24	19 355	(37 ČFR § 1.129		
104 270 204 135 Multiple dependent claim, if not paid	149 /	10 24	300	 For each addition examined (37 Cl 	nal invention to be FR § 1.129(b))	
109 80 209 40 ** Reissue independent claims over original patent	179	27	79 355	·	tinued Examination (RCE)	
110 18 210 9 ** Reissue claims in excess of 20	169 9	100 16	89 9 00	 Request for expension applies 	edited examination	
and over original patent		Other fee (specify)				
SUBTOTAL (2) (\$) -0-					SUBTOTAL (3) (\$)	
SUBMITTED BY Complete (if applicable) Registration No. 24 294 Telephone 404 947 9472						
Name (Printl Type) Patrea L. Pabst		gisti auto		31,284	Telephone 404-817-8	473

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